

Justice Reinvestment Initiative: Reducing Violent Crime by Improving Justice System Performance in Vermont

Intercept 3: Interventions in the Community

Fifth Presentation to the Domestic Violence Response Justice Reinvestment Working Group

September 22, 2022

The Council of State Governments Justice Center

Vermont Department of Public Safety

The Vermont Network Against Domestic and Sexual Violence



Justice Center
THE COUNCIL OF STATE GOVERNMENTS



Justice Reinvestment Initiative
Vermont

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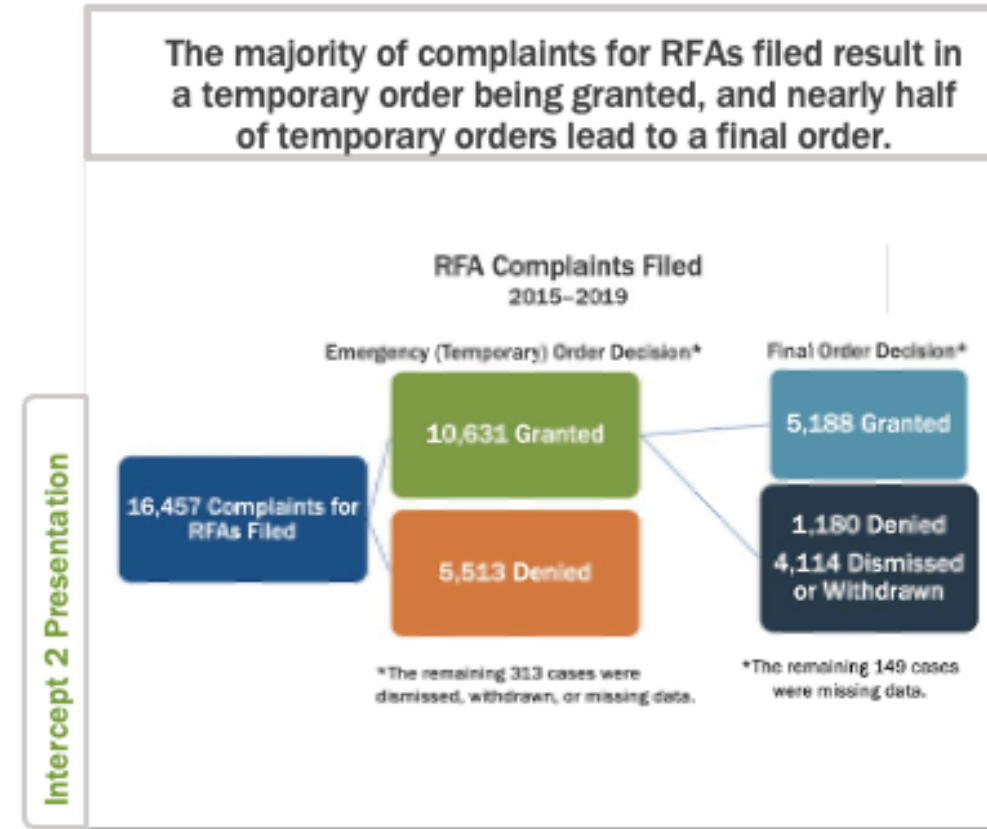
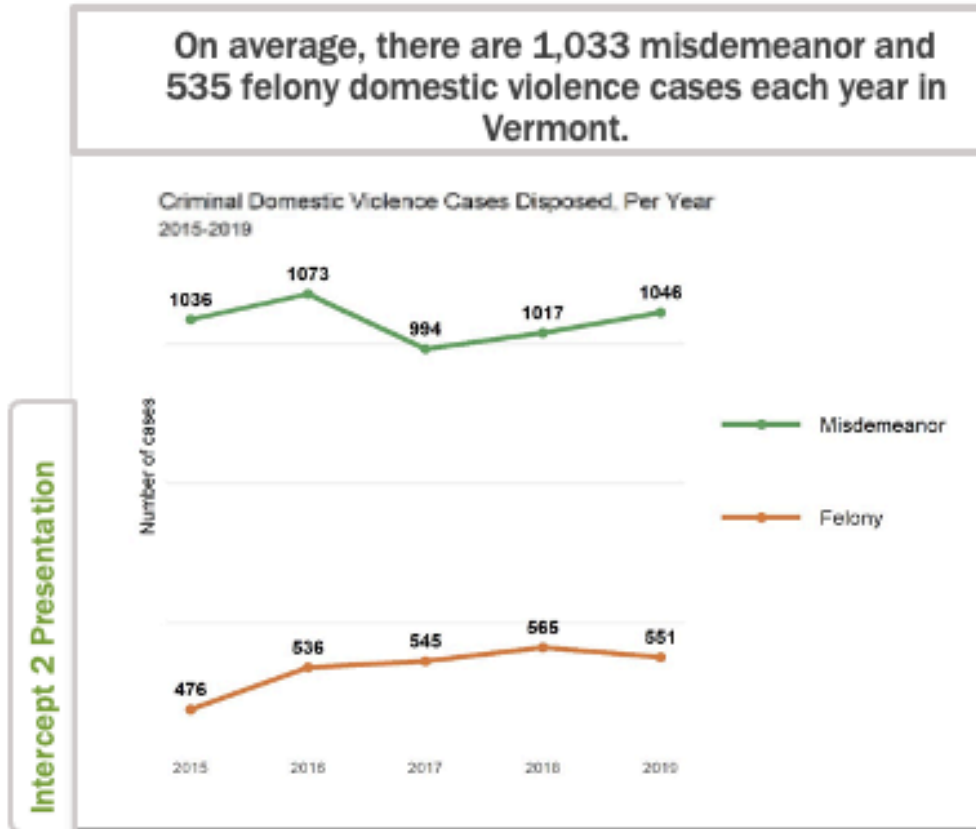
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Initial Detention and Court Hearings
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**Intercept 2 Recap
and Follow-Up:
Initial Detention and
Court Hearings**


An analysis of court data highlighted trends related to criminal domestic violence cases and relief from abuse orders.




There is a need for standardized practices for attorneys, judges, and advocates in the legal system to create more consistent responses for victims and survivors.

The use of evidence-informed practices in legal responses to Vermont's domestic violence cases is unclear and inconsistent.


 The **lack of cohesive training standards** makes it **difficult to determine Vermont's adherence to evidence-informed practices**. Stakeholders reported that national trainings were often not applicable to Vermont laws, suggesting a **conflation of statutes and evidence-informed practices**. One does not contraindicate the other.


 Stakeholders reported a **lack of opportunity to apply training and/or follow-up** to ask training application questions.

 Among legal advocates surveyed, 88 percent disagreed that court responses to domestic violence across the state are consistent. Discrepancies included domestic violence responses of judges, attorneys, and other court processes among counties.

Intercept 2 Presentation

Community agencies and state systems responding to domestic violence cases in the court system reported varied training.

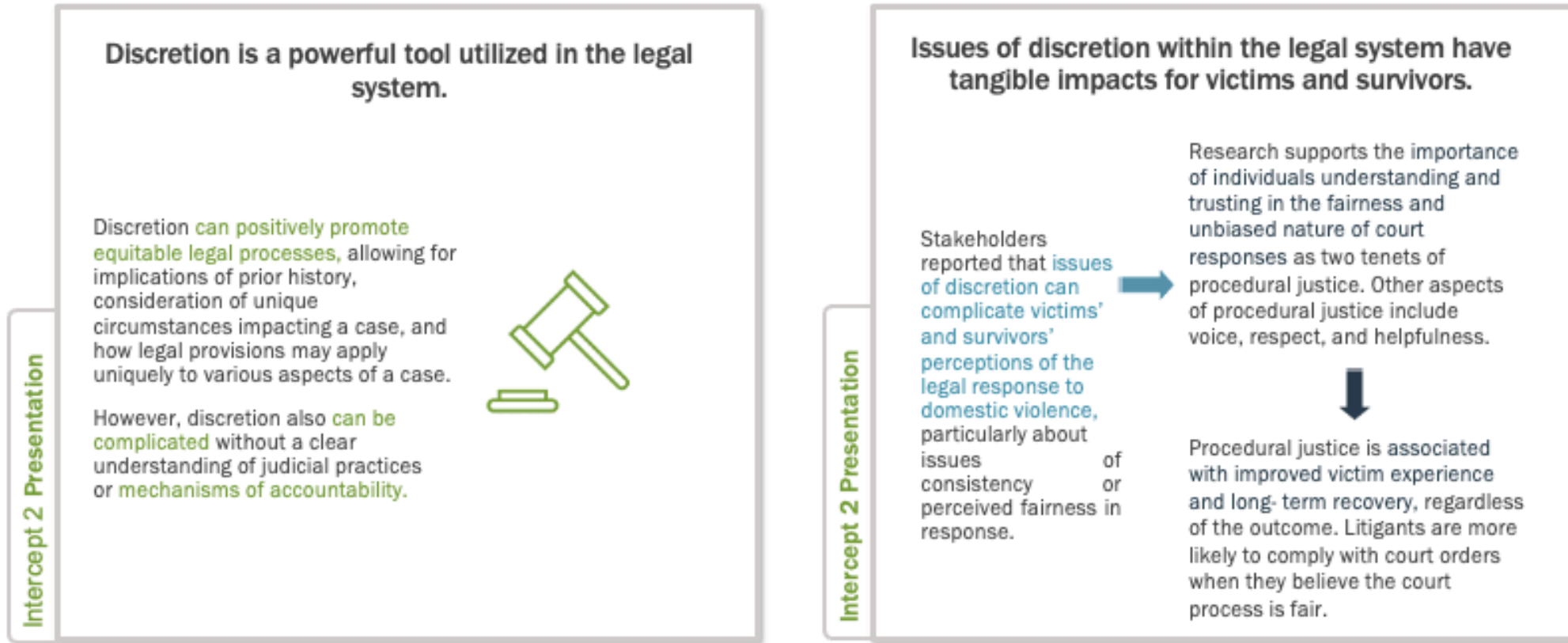
 Stakeholders reported that **domestic violence education or training is not required** for attorneys, clerks, or judges. Issues specific to domestic violence **may be offered at annual trainings** for prosecutors, but this is **not common**, and these trainings most often focus on **DUIs or drug offenses**.

 The amount of **education or training legal advocates received upon entering their current role varied**, with most legal advocates from the State's Attorney Offices (63 percent) reporting 0-5 hours of training and most legal advocates from Vermont Network member organizations (82 percent) reporting more than 15 hours of training.

Intercept 2 Presentation

The Council of State Governments Justice Center, "Intercept 2: Initial Detention and Court Hearings" (PowerPoint presentation, Fourth Presentation to the Domestic Violence Response Justice Reinvestment Working Group, June 16, 2022).

Discretion and a lack of consistent responses to domestic violence in the legal system affect victims and survivors.



The Council of State Governments Justice Center, “Intercept 2: Initial Detention and Court Hearings” (PowerPoint presentation, Fourth Presentation to the Domestic Violence Response Justice Reinvestment Working Group, June 16, 2022).

Victims and survivors face barriers to accessing court systems and legal representation, and responses within the legal system do not always reflect their needs or desires.

Intercept 2 Presentation

Not all victims and survivors have equitable access to participating in the legal system as a response to domestic violence.

Victims and survivors **who do not speak English as their first language**, or at all, face issues such as case delays. Victims and survivors with disabilities, especially a non-observable disability, face **additional barriers to access and services**, including perceived **believability, credibility, and disparate outcomes**.

Rural **geography** impacts both physical access to court responses as well as barriers to **technological access**, such as lack of internet or phone service.

Victims and survivors who face risk engaging with the criminal justice system, such as those who have current or previous criminal justice involvement or a precarious legal status, **may not be safe** accessing legal responses to domestic violence.

Meeting **basic needs, such as finding childcare or taking off work**, impact victim and survivor access to court responses.



Intercept 2 Presentation



Stakeholders reported a desire for improved responsiveness to the needs of victims and survivors across court systems statewide.

No legal advocates surveyed agreed that court systems are responsive to the needs of most victims and survivors with whom they work.

Other stakeholders interviewed reported that more resources are needed for people who have committed domestic violence. Options are limited, and **not all victims want the person who harmed them to face incarceration**.

Varying perceptions exist about Domestic Violence Accountability (DVA) programming as a resource. Stakeholders reported that **individuals may be hesitant to engage DVA if there is a pending legal case**, as it may be considered an admission of guilt. Additionally, stakeholders highlighted the **misconception that an individual needs a domestic violence conviction** to engage DVA.

The Vermont Judiciary provided follow-up on domestic violence training and education.



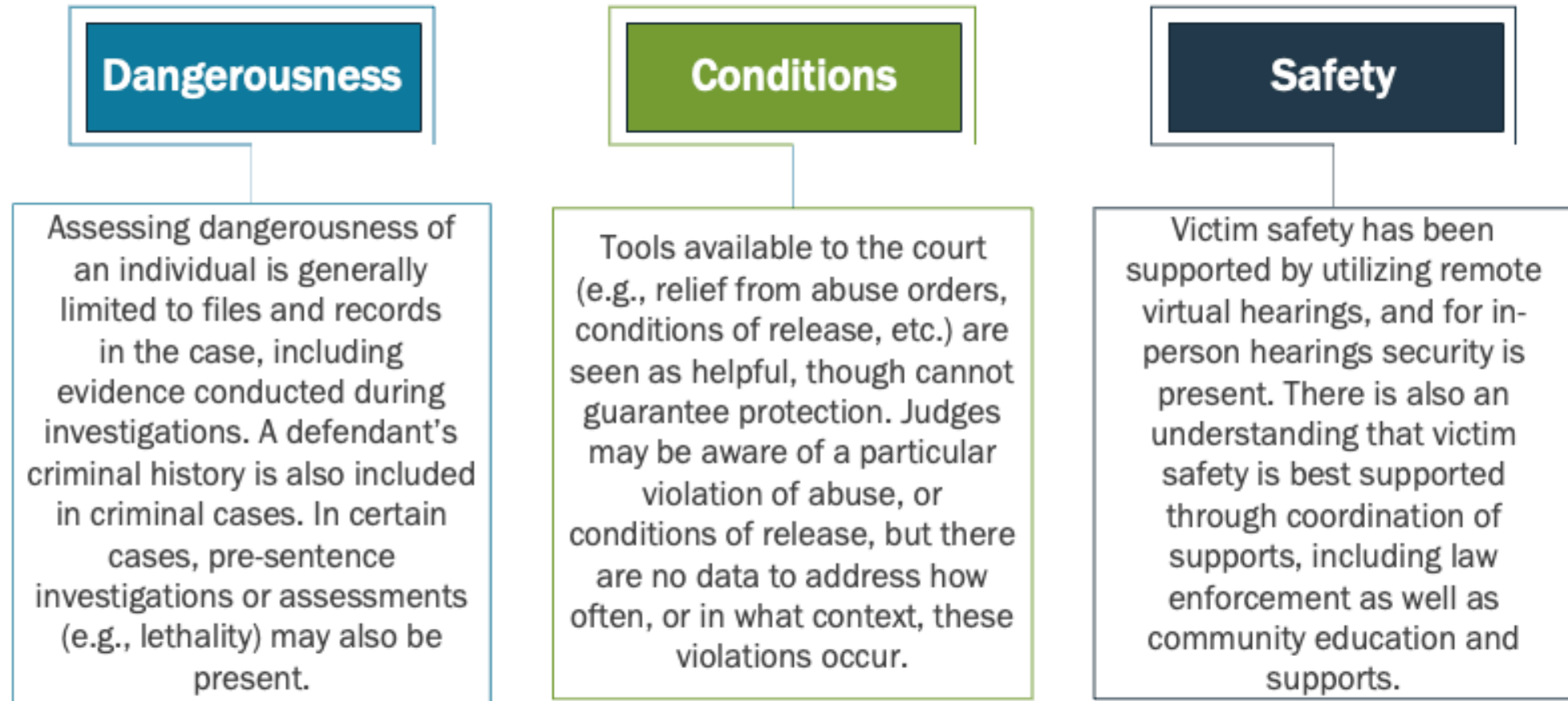
All new judges in Vermont receive **several weeks of initial training**, with almost all judges having attended the National Judicial Institute (NJI) on Domestic Violence program, “Enhancing Judicial Skills in Domestic Violence Cases” and National Judicial College’s (NJC) General Jurisdiction.

The judiciary is in the **process of developing a domestic violence training** as an initial part of orientation for all future judges, as well as those judges who have not yet attended the NIJ session.

The Vermont Judiciary conducts **several statewide judicial trainings**, including the Vermont Judicial College, which is required for all judges. Trainings regularly include **domestic violence components**, as well as topics that highlight issues of trauma, elder abuse, the impact of domestic violence on children, and procedural fairness. Members of the judiciary also attend out-of-state and web-based trainings on domestic violence topics.

Judges also receive regular **updates on legislative and court decision-based changes** to **domestic violence** law.

Members of the judiciary also offered context for issues of dangerousness, conditions of court, and safety for victims.



Before we begin Intercept 3,



what **lingering questions or comments** do you have about our last presentation?



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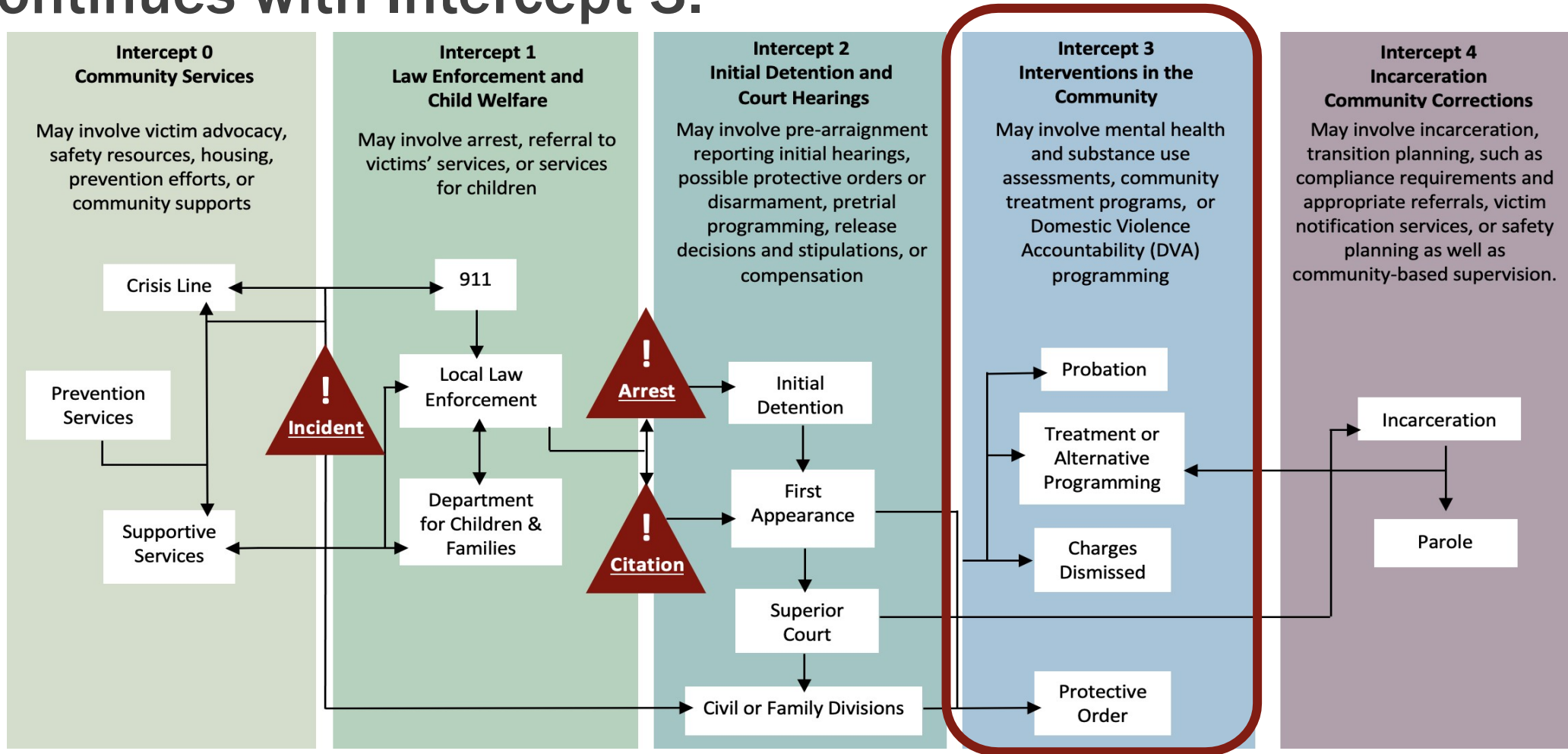
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**Intercept 3:
Interventions in
the Community**

A systemwide analysis using Sequential Intercept Mapping continues with Intercept 3.



SAMHSA's Gains Center, *The Sequential Intercept Model* (Rockville: Substance Abuse and Mental Health Services Administration, 2019), <https://store.samhsa.gov/sites/default/files/d7/priv/pep19-sim-brochure.pdf>. Sequential Intercept Mapping was adopted from SAMHSA's Gains Center Sequential Intercept Model.

In evaluating Intercept 3, project partners connected with several stakeholders and analyzed both qualitative and quantitative data.

Interviews and Focus Groups

- ✓ Department of Corrections
- ✓ Department of Mental Health
- ✓ Department of Public Safety
- ✓ Migrant Justice
- ✓ Office of the Attorney General
- ✓ Vermont Care Partners
- ✓ Vermont Commission on Native American Affairs
- ✓ Vermont Council on Domestic Violence (the Council)
- ✓ Vermont Network
- X Domestic Violence Accountability Programming Providers (DVAPs)

Data Files

- ✓ Vermont's Domestic Violence Accountability Programs



Intercept 3 analysis seeks to answer the following questions.



1. What are patterns of domestic violence **funding and resource allocation** to agencies providing interventions in the community, and how do these patterns impact service provision?
2. How do interventions in the community center **safety and the needs** of victims and survivors?
3. What are **domestic violence training and education practices** for staff of agencies providing interventions in the community?
4. How are **data collected and shared** by agencies providing interventions in the community, and how are **partnerships** among these agencies defined?
5. What are **programming components** of interventions in the community?

Theme 1: Funding and resources for community interventions provided to individuals who commit harm have been inconsistent over time, challenging the breadth and depth of service provision.

Questions we asked to evaluate funding and resources:

- Is funding stable across time?
- Is funding consistent across programs?
- Do funding stipulations interfere with service provision?

Since inception in 1996, statewide standards for domestic violence interventions have faced challenges in resources.



1996 First Statewide Standards for Domestic Abuse Intervention created by Department of Corrections (DOC) staff, victim advocates, and batterer intervention program providers



2001 Vermont Coalition of Batterer Intervention Programs undertakes overhaul of Standards created in 1996



2005 Overhauled Standards are adopted. There is a requirement that community BIPs be certified for compliance

2006 A Statewide Batterer Accountability Coordinator Position established in the state



2008 Vermont Council on Domestic Violence moves into statute, and duty to develop and maintain Standards sits with Council (Council is staffed by DV Accountability Coordinator and Council Coordinator, both part-time positions)

Vermont Legislature establishes around \$45,000–50,000 for DV accountability programs, distributed through a funding formula approved by the Council's Batterer Accountability Committee



2010/2011 DOC contracts with University of Cincinnati and begins to work toward implementing Risk-Need-Responsivity principles



2013 DOC begins changes, collaborates with Council on Domestic Violence and the Vermont Network, through contract for DV Accountability Coordinator to implement programming changes



2014/2015 Standards Revised, adopted to make certification and compliance more easily managed without DV Accountability Coordinator Position/program funding



2016 DOC funding for the contract of the DV Accountability Program Coordinator ends, after being funded through a contract to the Vermont Network for 8 years, leaving the Council on DV with no staff to conduct certification of programs, sustain technical assistance, or train DVAP staff



2017–Present Undertake the re-working of Statewide Standards to respond to environment including development of alternative and restorative justice program pilots

DVAPs have faced decades of unstable funding and have relied on participant fees.

However, recent state investments provide opportunities to move away from a fee-for-service model.

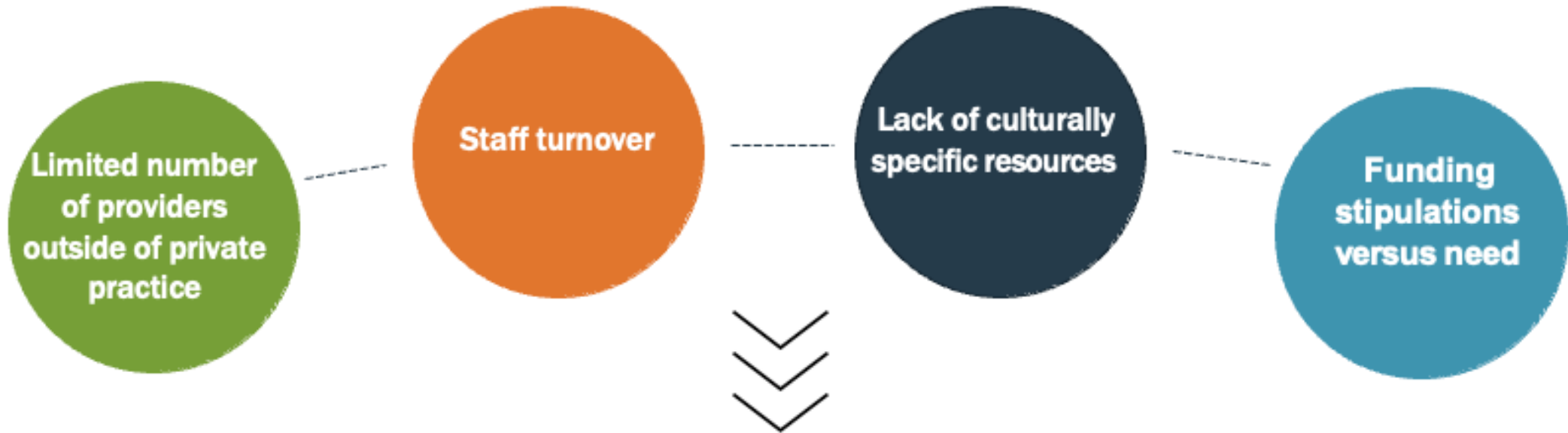


Following the move of the Council into statute in 2008, the Vermont Legislature allocated \$45,000 to \$50,000 annually to be divided among the 10 certified DVAPs.

For nearly two decades, programs relied primarily on participant fees, creating challenges to both providers and participants in terms of cost and available resources. During this time, the coordinator of the Council, responsible for overseeing the certification of programs, was funded part-time.

A recent \$200,000 investment from the state is allowing DVAP programs the possibility of moving away from participant fees. This funding, though helpful, is not sufficient to significantly expand upon existing programming.

In addition to funding challenges, providing treatment in the community also involves barriers in securing and retaining other resources.



- Agencies trying to keep their “head above water,” rather than pursuing relevant initiatives or specialized programming
- Limited services available for clients, particularly those without private insurance
- Challenges for individuals who do not speak English, are LGBTQ+, are not White, not male identifying, or who have disabilities
- Limited capacity for attending regular trainings/meetings/etc., impacting collaboration

Theme 2: Staff delivering interventions in the community are passionate about safety and responsivity; however, existing systems responses do not consistently account for the needs or desires of individuals receiving services.

Questions we asked to evaluate safety and responsivity:

- What protections are in place for victim safety when interacting with individuals who have committed harm?
- Does available programming meet the needs of victims and survivors as well as those who commit harm?
- What culturally specific services are available?
- Does feedback by program participants or victims and survivors impact programming?

Current community interventions face challenges in accounting for responsiveness and safety.



It is **unclear** how participant and/or **victim satisfaction with interventions impact programming, if at all.** Most often, standards of responsiveness in programming are defined by an established board or council.



Screening practices for domestic violence are **not required or standardized** for agencies offering mental health or substance use services.

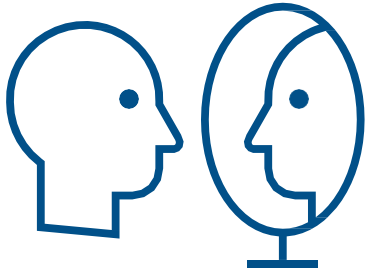


Gaps exist in **measuring compliance of conditions** related to safety and victim notification.

Systemic responses to the person committing harm do not always reflect the needs or desires of victims and survivors.

Providers across the intercept underscored the importance of **recognizing the complexities of harm**. In their experiences, most people they have worked with have experiences of being harmed and causing harm in relationships.

For many reasons, **individuals experiencing domestic violence may not want to separate from the person who is harming them, or reunification may be the desired goal.**

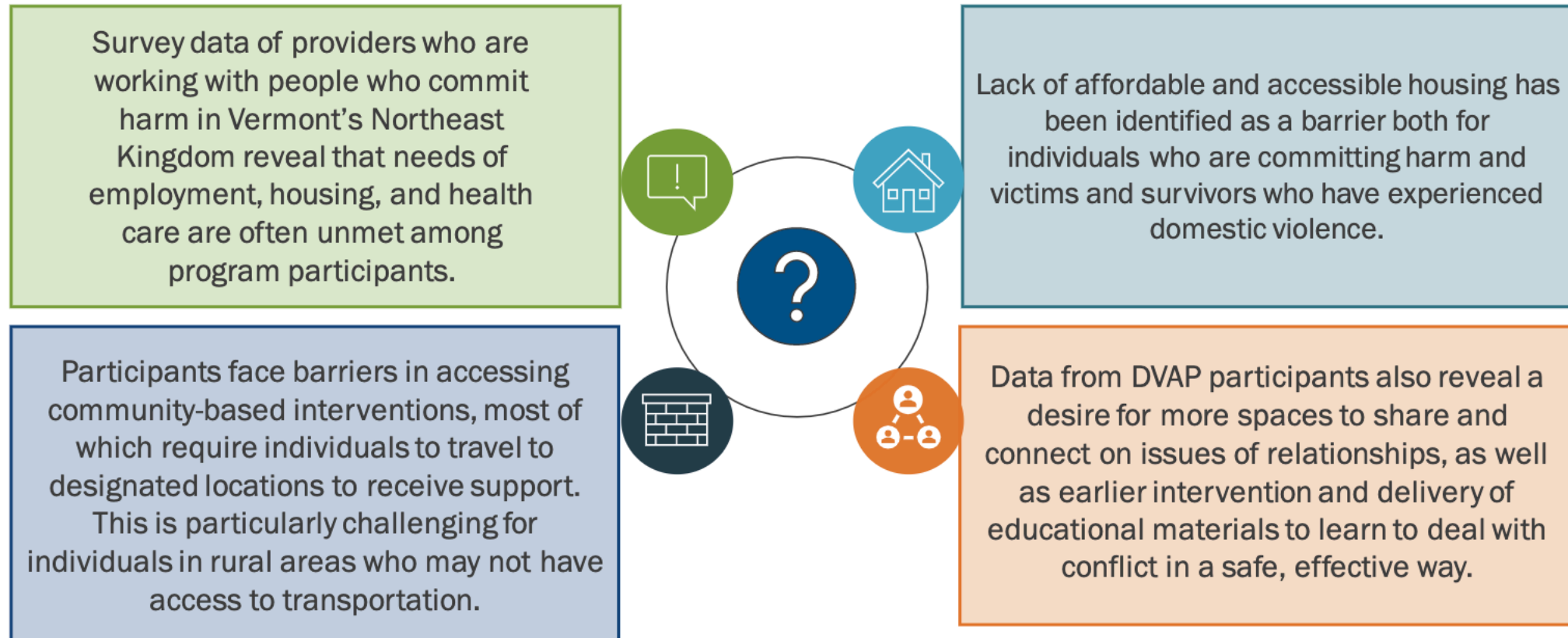


Stakeholders report a **need for systems to respond accordingly** rather than mandating separation while treatment takes place.

There are **few options for individuals to access interventions in the community** that are not connected to state agencies or the criminal justice system. This can **create barriers for individuals who may not be able to or want to engage with formal systems**, such as people who are undocumented or who have been impacted by the criminal justice system.

Few interventions exist to address the harm of domestic violence on **youth**. Stakeholders report that programming and interventions for youth are often addendums to interventions, if offered at all.

Issues of providers meeting basic needs can impact the safety of victims and survivors while challenging treatment of individuals who commit harm.



Before we continue,



what **lingering questions or comments**
do you have about the themes so far?

Theme 3: Training and education of staff providing interventions in the community is inconsistent within and across agencies; training standardization and applicability can be improved.

Questions we asked to evaluate training and education:

- How often and in what areas do providers receive domestic violence training or education? Is this consistent across agencies?
- How accessible are trainings?
- Are trainings applicable to the work of providers?

Domestic violence training practices are not required for providers delivering interventions in the community.

Training that is offered varies in content, scope, and accessibility.



There is **no consistent curriculum** utilized by providers delivering community interventions.



Agencies vary in **what, if, and when they offer training or education** on domestic violence to their staff.



Without mechanisms to assess the type, breadth, and applicability of training received, **providers vary in the ways in which they can respond** to domestic violence.



Ultimately, **inconsistent training practices impact those who are experiencing or committing domestic violence**, as they may receive disparate responses to domestic violence discoveries or disclosures.

Stakeholders report a need for interdisciplinary trainings on responding to domestic violence among agencies providing interventions in the community.



Stakeholders across disciplines reported a desire for cross-training on intersecting issues such as mental health, domestic violence, and substance use.



Stakeholders report that conversations about domestic violence, mental health, and substance use may create false narratives about causes of violence.



A lack of training on domestic violence can impact the ability of agencies to offer responsive services.

Theme 4: Gaps exist in data collection about interventions in the community, though efforts to improve data specific to DVAP are underway.

Questions we asked to evaluate data collection:

- Do providers have shared metrics of measuring progress and success?
- Is data collection consistent across providers?
- Do providers have a shared database or established practices for information sharing?
- Does data collection reflect services provided as well as unmet needs?

Levels of collaboration and information sharing vary among stakeholders delivering interventions in the community.



Stakeholders report that the ability to make **referrals** among public agencies providing community interventions is **contingent upon resource availability and pre-existing relationships with local agencies**. However, most public agencies are under-resourced and struggle with waiting lists to access their services.

Providers **struggle to identify and refer to agencies targeting specific needs**, such as those for individuals who do not speak English, are LGBTQ+, are not White, not male identifying, or who have disabilities. This is a particular challenge in areas of the state that are limited in resource availability.

Some **agencies providing interventions in the community** have come together to **share** their intake forms, data sharing practices, and other policies related to service provision to increase continuity of service provision. These meetings have provided **insights into where agencies can improve coordination of care**.

Recent revision of DVAP data collection and reporting practices highlights recent trends on DVAP programming.

Data are self-reported by DVAP providers, and there are current gaps in information provided. However, data do suggest trends related to participation, referral source, and overall new clients.

Between June 2021 and September 2022, there were **over 200 new referrals**, though this is likely an underestimate.



During this time, **most referrals** (91 percent) came from the **Department of Corrections**.

More than **twice as many participants** (112 people) are **reported to have completed programming than** are reported to have been **dismissed** from programming (52 people). The most common reasons for being dismissed from programming were excessive absences or a new criminal charge.

Theme 5: Components of existing DVAP programming will be presented in November, though preliminary findings highlight a lack of service provision for individuals who do not speak English, are LGBTQ+, are not White, not male identifying, or who have disabilities.

Questions we are asking to evaluate components of programming:

- Are programming components consistent across providers?
- What treatment do individuals receive and why?
- Does programming account for co-occurring needs?

Current responses do not account for service provision targeting specific populations, though efforts are underway to create responsive programming.

The Council **hopes to expand DVAPs** to provide specific services to individuals who identify as **LGBTQ+** and who primarily **speak Spanish**, as these services do not currently exist.



No services are currently offered specific to the **needs of women** or people who are **gender nonbinary**.

If individuals are seeking services for **mental health or substance use** and need violence intervention services, individuals **typically do not have options beyond DVAPs**. Issues of domestic violence are not routinely integrated into either mental health or substance use treatment.

Before we move to next steps,



what **lingering questions or comments** do you have about the themes we have discussed?



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Next Steps

Prior to the December presentation, CSG Justice Center staff will be observing and evaluating DVAP programming.



CSG Justice Center staff will **evaluate a majority of the 10 DVAP programs** that exist across the state.



Areas of evaluation include consistency of programming components across providers, types of treatment provided, components of programming, and processes of program delivery.



Findings will be utilized to **discuss current practices** as well as potentially **provide recommendations** for improved policies and practices in DVAP programming, as well as to the Vermont Council on Domestic Violence.

The final analysis presentation in December 2022 will focus on Intercept 4, incarceration, and community corrections.



Intercept 4 involves **carceral responses** to domestic violence, such as **incarceration, probation, and parole**. CSG Justice Center staff will conduct outreach with incarcerated survivors of domestic violence, representatives from the Department of Corrections, Victims Services, Public Safety, and other stakeholders working on carceral responses to domestic violence.



CSG Justice Center staff will analyze **data from the Department of Corrections** to understand the **volume of people incarcerated or on community corrections** for domestic violence offenses.



In January 2023, CSG Justice Center staff will **provide recommendations for improved policies and practices** based on Intercept 0-4 analysis.

The next presentation will be December 15, 2022.

Thank You!

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<https://csgjusticecenter.org/resources/newsletters/>

For more information, please contact Carly Murray cmurray@csg.org

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